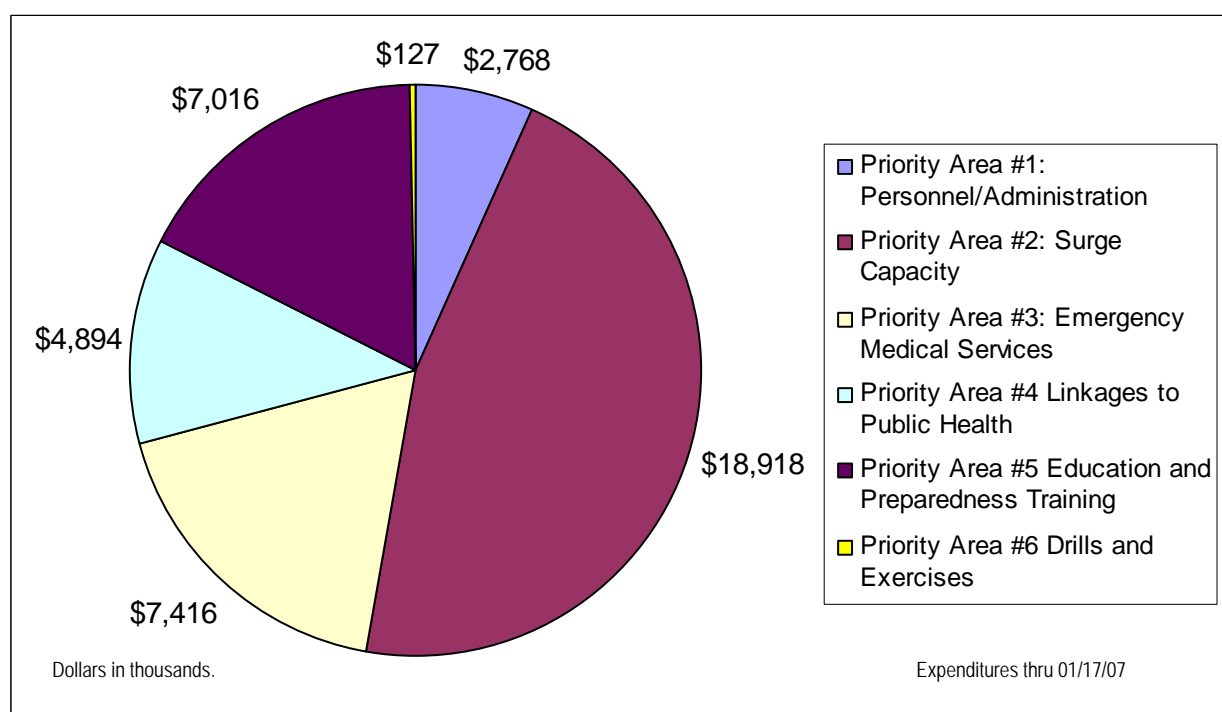


**Grant Years 2002-2006**  
**State Operations**  
**Health Resources and Services Administration**  
**National Bioterrorism Hospital Preparedness Program**

The Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program grant is directed to supporting **hospitals, clinics, poison control centers, and emergency medical services agencies** in planning and preparing for emergencies.

California received \$126.9 million in HRSA funds for 2002-2006 of which **State Operations are \$41 million (32.3 %)**. \$29.8 million has been spent and \$9.7 million obligated, and \$1.6 projected for operating costs and pending contracts. Approximately 40% of state expenditures have been made on behalf of the local level. CDHS contracts with the Emergency Medical Services Authority (EMSA) for emergency transportation and medical services. State expenditures and obligations for 2002-2006 are shown in the pie chart below.



Examples of key achievements with these funds include:

**Priority Area 1: Personnel/Administration**

Objective: Develop and maintain a financial accounting system capable of tracking HRSA expenditures.

- CDHS uses Cal-Stars to administer and manage HRSA grant funds.
- Supports 19.85 positions in CDHS.

**Priority Area 2: Surge Capacity**

Objective: Assure HRSA health care surge capacity benchmarks are met throughout California including availability of personal protective equipment, pharmaceuticals and other medical supplies and ability to surge one general acute care staffed bed per 2000 population.

- CDHS conducted surveys of approximately 340 facilities (hospitals, clinics, and EMS) to determine capacity to surge health care on a state, regional, and local level;

- CDHS purchased personal protective equipment (PAPRs)(6,234 PAPRs), decontamination equipment, and pharmaceuticals for hospitals and clinics (904,450 courses);
- EMSA purchased communications systems for hospitals and local EMS agencies to identify hospital bed availability.

### **Priority Area 3: Emergency Medical Services**

Objective: Ensure the capability of providing EMS transport and patient tracking for at least 500 adult and pediatric patients per million population within three hours of an event.

- EMSA developed an Ambulance Strike Team (AST) system to provide additional ambulances and EMS providers to an impacted area in the event of a disaster.
- EMSA purchased personal protective equipment for emergency transport companies.

### **Priority Area 4: Linkages to Public Health Departments**

Objective: Coordinate hospital laboratory programs with LHD laboratories for rapid referral of laboratory samples.

- CDHS established a secure messaging system for use in automated laboratory processing.
- CDHS trained hospital laboratory staff in each county to recognize suspicious human samples and refer them to LHD laboratories for analysis.

### **Priority Area 5: Education and Preparedness Training**

Objective: Develop a training program to train adult and pediatric providers on public health emergency response.

- EMSA produced a video to train providers in recognizing chemical, burn, radiation, nuclear, and explosive terrorist events.

### **Priority Area 6: Terrorism Preparedness Exercises**

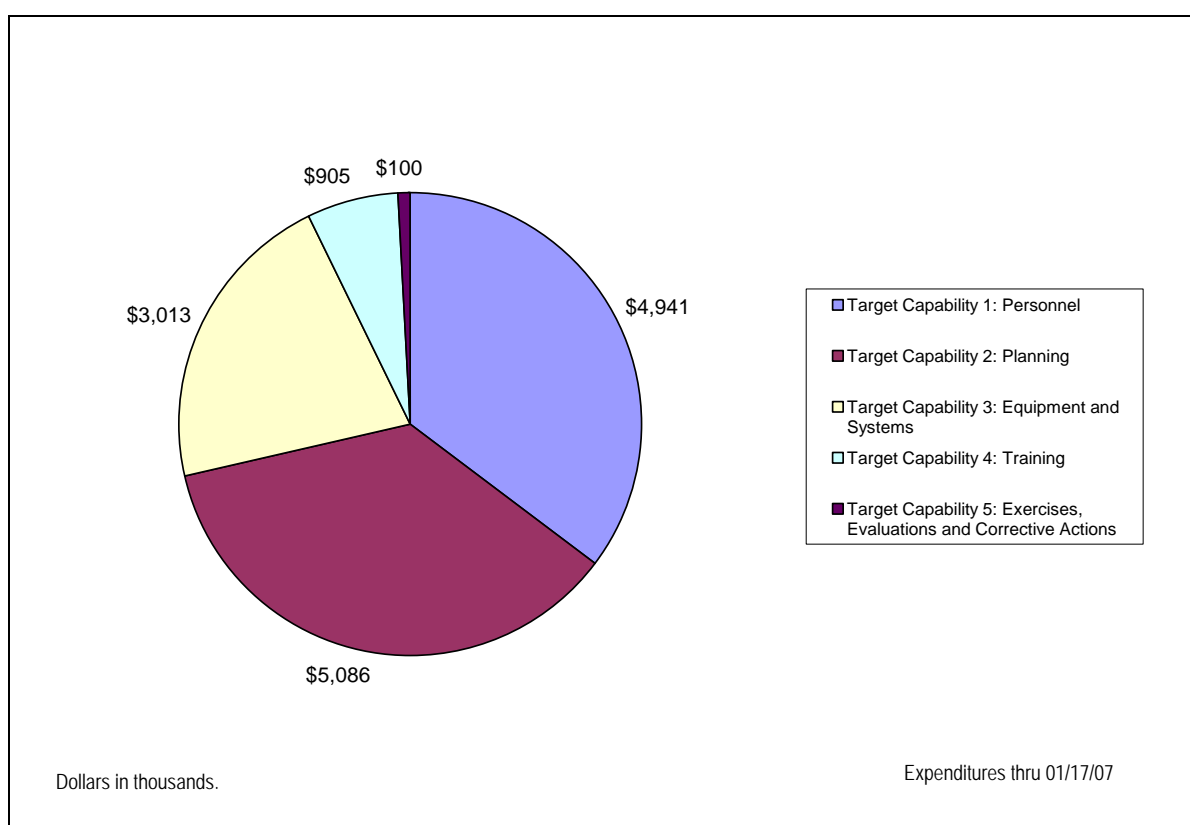
Objective: Conduct exercises including health care providers, LHDs, and local government emergency response operations.

- CDHS and EMSA have conducted statewide and regional exercises involving local HRSA entities, local EMS agencies and health care providers.

**Grant Year 2006-2007**  
**State Operations**  
**Health Resources and Services Administration**  
**National Hospital Bioterrorism Preparedness Program**

The Health Resources and Services Administration (HRSA) National Hospital Bioterrorism Preparedness Program grant is directed to supporting **hospitals, clinics, poison control centers, and emergency medical services agencies** in planning and preparing for emergencies.

California received \$38.3 million in HRSA funds for 2006-2007 of which **State Operations are \$14.0 million (36.6 %)**. \$0.9 million has been spent, \$2.3 million obligated, and \$8.5 projected for operating costs and pending contracts. CDHS contracts with the Emergency Medical Services Authority (EMSA) for emergency transportation and medical services. State expenditures, obligations and projected costs are shown in the pie chart below.



Examples of key achievements with these funds include:

**Target Capability 1: Personnel**

- ESAR-VHP/Medical Reserve Corp (MRC) . – Recruit volunteers for statewide volunteer registry and support of MRCs.
- Regional HRSA Coordinators – Support HRSA Local Entity and Hospital Emergency Preparedness Coordinators.

**Target Capability 2: Planning**

- NIMS Compliance: Training for hospital staff on NIMS/HICS compliance and staff emergency roles.
- Alternate Care Sites: Local entities must plan for surge outside of hospital setting identifying alternate care sites and planning for their operation including plans for staffing and provision of supplies and equipment.

- Mobile Medical Facilities (MMF): Awardees must consider the purchase of mobile medical facilities as an option to accomplish surge needs.

#### **Target Capability 3: Equipment and Systems**

- Bed Availability Tracking System (required of all awardees): Local entities must report bed availability near real time.
- Interoperable Communications Systems (required of all awardees): Hospitals and other facilities must be integrated into an interoperable communication system that links them with EMS, and other healthcare entities and with public health at a minimum.
- Hospital Laboratories (required of all awardees): Hospital labs need to be prepared to handle the increase in diagnostics that must be reported to local health departments and labs within the Laboratory Response Network (LRN) on a 24-7-365 basis. HRSA requires 90 percent of the hospitals in California to meet this target capability.

#### **Target Capability 4: Training**

- Identify the number of personnel targeted for each training course by professional groups and the estimated funding required for accomplishing these tasks.

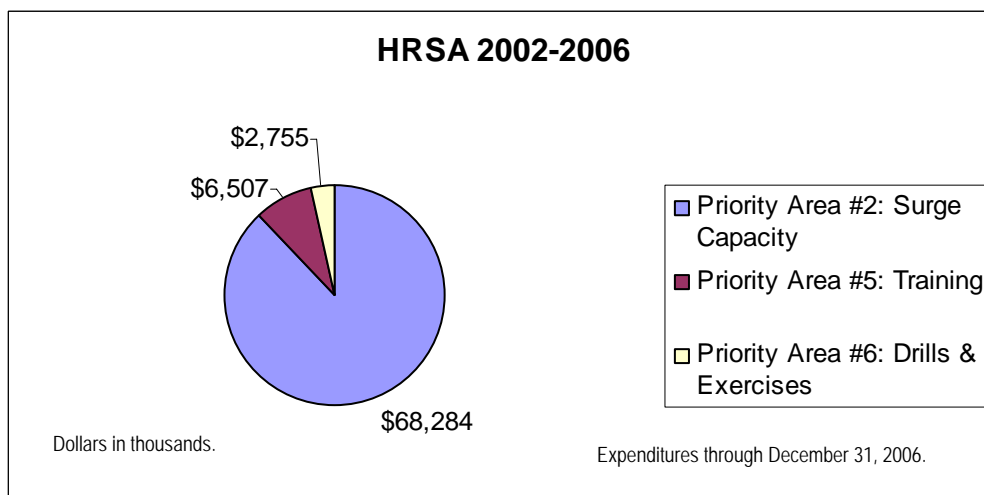
#### **Target Capability 5: Exercises, Evaluations and Corrective Actions**

- Hospitals as well as other healthcare entities must be full and present partners in planning, conducting, participating in and evaluating preparedness exercises and drills that occur at sub-State regional and State Levels. After action reports must be reviewed for lessons learned and those lessons used as corrective actions to further enhance current facility based emergency operations plans and local emergency operations plans that have healthcare entities at the core.

**Grant Years 2002-2006**  
**Local Assistance**  
**Health Resources and Services Administration**  
**National Bioterrorism Hospital Preparedness Program**

The Health Resources and Services Administration (HRSA) bioterrorism grant is directed to supporting **hospitals, clinics, poison control centers, and emergency medical services agencies** in planning and preparing for emergencies.

California received \$126.9 million in HRSA funds from 2002-2006 of which **\$77.5 million (61%) has been allocated directly to local entities**. Local entities have spent \$62.6 and obligated \$14.9 million. Local assistance expenditures and obligations are shown in the pie chart below.



Examples of key achievements with these funds include:

**Priority Area 2: Surge Capacity**

Objective: Assure HRSA health care surge capacity benchmarks are met throughout California including availability of personal protective equipment, pharmaceuticals and other medical supplies and ability to surge one general acute care staffed bed per 2000 population.

- Local entities established local planning groups that include LHDs, hospitals, clinics, and local emergency medical services (EMS) agencies to plan surge capacity within the county; counties have increased their surge capacity between 10 and 15%;
- Local entities conducted surveys to determine health care surge capacity within the county;
- San Diego and San Francisco Counties added 445 isolation beds; many other hospitals have invested in portable air filtration systems;
- Local entities purchased medical equipment and supplies and pharmaceuticals for hospitals, clinics, and EMS agencies:
  - 6,234 personal air purifying respiratory systems have been purchased and installed;
  - At least one decontamination system has been purchased by each participating hospital;

- Participating hospitals and EMS agencies have purchased pharmaceutical caches for use by their staff, over 300 caches have been purchased;
- Participating hospitals have purchased tents, cots, generators, and other surge materials and equipment.

#### Priority Area 5: Education and Preparedness Training

Objective: Develop a training program to train adult and pediatric providers on public health emergency response.

- Clinics have developed facility emergency preparedness and response plans;
- Local entities and health care providers trained staff in the use of the personal protective and decontamination equipment.

#### Priority Area 6: Terrorism Preparedness Exercises

Objective: Conduct exercises including health care providers, LHDs, and local government emergency response operations.

- Local entities conducted exercises involving LHDs, hospitals, clinics, EMS providers, blood banks, poison control, auxiliary communications agencies, emergency managers and regional and state agencies to test capacity and ability to respond to a surge of patients.

In 2006-07, \$32.28 million in HRSA funds are allocated to local assistance activities of which \$18.28 million has been allocated directly to local entities which includes \$8 million carried forward from 2005-06. Also included are \$14.4 million allocated to local assistance surge purchases which includes \$8 million in alternate care site supplies and equipment for 5,000 beds, \$3 million for 5.4 million N95 respirators, and \$3 million for 219 ventilators. Local entities have obligated their funds as shown in the pie chart below by target capability. The category labeled "Missing Budget Detail" reflects missing information from four local entities.

